

County: Taylor
RIB LAKE HEALTH CARE CENTER
650 PEARL STREET, P.O. BOX 308
RIB LAKE 54470 Phone: (715) 427-5291

Facility ID: 3820

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 77
Total Licensed Bed Capacity (12/31/01): 100
Number of Residents on 12/31/01: 75

Ownership:
Highest Level License: Corporation
Operate in Conjunction with CBRF? Skilled
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 70

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.0
Supp. Home Care-Personal Care	No					1 - 4 Years		40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years		28.0
Day Services	No	Mental Illness (Org./Psy)	30.7	65 - 74	17.3			-----
Respite Care	Yes	Mental Illness (Other)	1.3	75 - 84	30.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	38.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.3	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	22.7		-----	RNs		14.7
Referral Service	No	Diabetes	5.3	Sex	%	LPNs		2.6
Other Services	Yes	Respiratory	2.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.7	Male	29.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Skilled Care	8	100.0	317	58	96.7	91	1	100.0	101	6	100.0	133	0	0.0	0	0	0.0	73	97.3
Intermediate	---	---	---	2	3.3	76	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	8	100.0		60	100.0		1	100.0		6	100.0		0	0.0		0	0.0	75	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	17.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.8	Bathing	6.7	68.0	25.3	75
Other Nursing Homes	1.9	Dressing	33.3	41.3	25.3	75
Acute Care Hospitals	75.5	Transferring	40.0	34.7	25.3	75
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	37.3	34.7	28.0	75
Rehabilitation Hospitals	0.0	Eating	69.3	13.3	17.3	75
Other Locations	1.9	*****				
Total Number of Admissions	53	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care		8.0
Private Home/No Home Health	7.5	Occ/Freq. Incontinent of Bladder	41.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	39.6	Occ/Freq. Incontinent of Bowel	25.3	Receiving Suctioning		0.0
Other Nursing Homes	3.8			Receiving Ostomy Care		1.3
Acute Care Hospitals	11.3	Mobility		Receiving Tube Feeding		5.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.3	Receiving Mechanically Altered Diets		30.7
Rehabilitation Hospitals	0.0					
Other Locations	1.9	Skin Care		Other Resident Characteristics		
Deaths	35.8	With Pressure Sores	4.0	Have Advance Directives		78.7
Total Number of Discharges		With Rashes	9.3	Medications		
(Including Deaths)	53			Receiving Psychoactive Drugs		22.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.0	80.3	0.87	83.5	0.84	84.4	0.83	84.6	0.83
Current Residents from In-County	64.0	72.7	0.88	79.2	0.81	75.4	0.85	77.0	0.83
Admissions from In-County, Still Residing	34.0	18.3	1.85	22.5	1.51	22.1	1.54	20.8	1.63
Admissions/Average Daily Census	75.7	139.0	0.54	125.7	0.60	118.1	0.64	128.9	0.59
Discharges/Average Daily Census	75.7	139.3	0.54	127.5	0.59	118.3	0.64	130.0	0.58
Discharges To Private Residence/Average Daily Census	35.7	58.4	0.61	51.5	0.69	46.1	0.77	52.8	0.68
Residents Receiving Skilled Care	97.3	91.2	1.07	91.5	1.06	91.6	1.06	85.3	1.14
Residents Aged 65 and Older	93.3	96.0	0.97	94.7	0.99	94.2	0.99	87.5	1.07
Title 19 (Medicaid) Funded Residents	80.0	72.1	1.11	72.2	1.11	69.7	1.15	68.7	1.16
Private Pay Funded Residents	8.0	18.5	0.43	18.6	0.43	21.2	0.38	22.0	0.36
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	32.0	36.3	0.88	35.8	0.89	39.5	0.81	33.8	0.95
General Medical Service Residents	18.7	16.8	1.11	16.9	1.11	16.2	1.15	19.4	0.96
Impaired ADL (Mean)	43.7	46.6	0.94	48.2	0.91	48.5	0.90	49.3	0.89
Psychological Problems	22.7	47.8	0.47	48.7	0.47	50.0	0.45	51.9	0.44
Nursing Care Required (Mean)	7.3	7.1	1.03	6.9	1.06	7.0	1.04	7.3	1.00